Schedule Change Form

Schedule changes must be made one month prior to the new schedule start date.

Student Name: _____

Today's Date: ____/____/____

New Schedule Start Date: ____/____/____

My child's current schedule is as follows:

❒Kindergarten ❒3-6 ❒2-4

____ Days from ____am to ____pm M T W T F

I would like to change it to the following:

____ Days from ____am to ____pm M T W T F

_____ ____/____/____

Parent Signature **Date**

❒**Approved** ____/____/____ _____ _____

Approval Date **Signature** **Title**

❒**Denied** ____/____/____ _____ _____

Denial Date **Signature** **Title**

Reason for Denial: _____

_____